

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5246

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

16

**3 CANDIDATE /
OFFICEHOLDER
NAME**
TITLE FIRST MI
County Commissioner Margaret J.
NICKNAME LAST SUFFIX
Gomez

OFFICE USE ONLY

Date Received:

02 OCT 29 PM 3:30
RECEIVED
ETHICS COMMISSION

**4 CANDIDATE /
OFFICEHOLDER
ADDRESS**
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P. O. Box 3232 Austin TX 78764

☐ Change of Address

**5 CAMPAIGN
TREASURER
NAME**
TITLE FIRST MI
Texana F.
NICKNAME LAST SUFFIX
Conn

Receipt #
HD / PM
Amount
Date Processed
Date Imaged
**6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)**
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2007 Paramount Austin TX 78704

**7 CAMPAIGN
TREASURER
PHONE**
AREA CODE PHONE NUMBER EXTENSION
()

8 REPORT TYPE
☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

**9 PERIOD
COVERED**
Month Day Year 09 / 27 / 02 **THROUGH** **Month Day Year** 10 / 26 / 02

10 ELECTION
ELECTION DATE
Month Day Year
11 / 05 / 02

ELECTION TYPE
☐ Primary

☐ Runoff

☒ General

☐ Special

11 OFFICE
OFFICE HELD (if any)
County Commissioner, Precinct 4

12 OFFICE SOUGHT (if known)

County Commissioner, Precinct 4

**13 DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS**

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

None to my knowledge.

Address / PO Box; Apt. / Suite #; City; State; Zip Code
☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Citizens for Gomez

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING
POLITICAL
COMMITTEE(S)

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☒ SPECIFIC

COMMITTEE NAME

Citizens for Gomez

COMMITTEE ADDRESS

P. O. Box 3232; Austin, TX 78764

COMMITTEE CAMPAIGN TREASURER NAME

Texana Faulk Conn

COMMITTEE CAMPAIGN TREASURER ADDRESS

2007 Paramount; Austin, TX 78704

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5,465.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

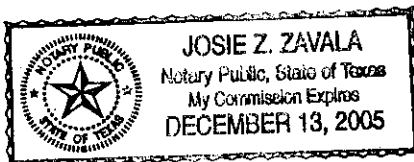
\$ 2,071.81

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0-

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Margaret J. Gomez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Margaret J. Gomez, this the 28 day of October, 2002, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1 of 5

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission form)**4** Date

9-27-02

5 Full name of contributor☐ out of state PAC

L-Bar Cattle & Equipment Co., LLC (Bob Carr)

6 Contributor address: City: State: Zip Code4826 Highway 71E
Del Valle, TX 78617**7** Amount of
contribution (\$)
\$ 250.00**8** In-kind contribution
description(if applicable)**9** Principal occupation
businessman**10** Employer (optional)

Date

10-11-02

Full name of contributor

☐ out of state PAC

Royce Faulker

Contributor address: City: State: Zip Code

P. O. Box 722
Austin, TX 78767Amount of
contribution (\$)
250.00In-kind contribution
description(if applicable)Principal occupation
businessman

Employer (optional)

Date

10-11-02

Full name of contributor

☐ out of state PAC

Austin Board of Realtors PAC

Contributor address: City: State: Zip Code

4106 Medical Parkway
Austin, TX 78756-3700Amount of
contribution (\$)
750.00In-kind contribution
description(if applicable)Principal occupation
Real Estate

Employer (optional)

Date

10-11-02

Full name of contributor

☐ out of state PAC

Linda Romero

Contributor address: City: State: Zip Code

4800 Foicker Cove
Austin, TX 78744Amount of
contribution (\$)
25.00In-kind contribution
description(if applicable)

Principal occupation

Employer (optional)

Date

10-11-02

Full name of contributor

☐ out of state PAC

H. A. Guerrero Carpet Cleaners

Contributor address: City: State: Zip Code

2313 South First
Austin, TX 78704Amount of
contribution (\$)
50.00In-kind contribution
description(if applicable)

Principal occupation

businessman

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 of 5

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission form)**4** Date

10-11-02

5 Full name of contributor

Elizabeth S. Gonzales

☐ out of state PAC**6** Contributor address: City: State: Zip Code724 Wales Way
Austin, TX 78748-6531**7** Amount of
contribution (\$) \$ 50.00**8** In-kind contribution
description(if applicable)**9** Principal occupation
businesswoman**10** Employer (optional)

Date

10-11-02

Full name of contributor

Fidel Estrada

☐ out of state PAC

Contributor address: City: State: Zip Code

2618 East 7
Austin, TX 78702Amount of
contribution (\$) 100.00In-kind contribution
description(if applicable)Principal occupation
businessman

Employer (optional)

Date

10-16-02

Full name of contributor

Turner, Collie & Braden PAC

☐ out of state PACContributor address: City: State: Zip Code
P. O. Box 130089
Houston, TX 77219Amount of
contribution (\$) 100.00In-kind contribution
description(if applicable)Principal occupation
attorneys

Employer (optional)

Date

10-16-02

Full name of contributor

Roy Gomez

☐ out of state PAC

Contributor address: City: State: Zip Code

11601 Ruffed Grouse Drive
Austin, TX 78758Amount of
contribution (\$) 100.00In-kind contribution
description(if applicable)Principal occupation
businessman

Employer (optional)

Date

10-17-02

Full name of contributor

Robert R. Kann

☐ out of state PAC

Contributor address: City: State: Zip Code

405 West 14
Austin, TX 78701Amount of
contribution (\$) 250.00In-kind contribution
description(if applicable)Principal occupation
attorney

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 3 of 5	
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10-18-02	5 Full name of contributor R. E. Merritt <input type="checkbox"/> out of state PAC 6 Contributor address; City; State; Zip Code 1100 Silver Hill Drive Austin, TX 78746	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description(if applicable)
9 Principal occupation businessman		10 Employer (optional)	
Date 10-18-02	Full name of contributor Linebarger Goggan Blair & Sampson <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code P. O. Box 17428 Austin, TX 78760	Amount of contribution (\$) 1,000.00	In-kind contribution description(if applicable)
Principal occupation attorneys		Employer (optional)	
Date 10-18-02	Full name of contributor Christopher S. Shields, P. C. <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 1005 Congress Avenue, Suite 480 Austin, TX 78701	Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)
Principal occupation attorney		Employer (optional)	
Date 10-18-02	Full name of contributor Vinson & Elkins Texas PAC <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 2300 First City Tower Houston, TX 77002-6760	Amount of contribution (\$) 250.00	In-kind contribution description(if applicable)
Principal occupation attorneys		Employer (optional)	
Date 10-18-02	Full name of contributor Cecelia Burke <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 6500 Santolina Cove Austin, TX 78731	Amount of contribution (\$) 50.00	In-kind contribution description(if applicable)
Principal occupation country employee		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 4 of 5	
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10-18-02	5 Full name of contributor Miriam H. Mora <input type="checkbox"/> out of state PAC 6 Contributor address: City: State: Zip Code 13004 Council Bluff Drive Austin, TX 78727-2838	7 Amount of contribution (\$) \$ 5.00	8 In-kind contribution description(if applicable)
9 Principal occupation		10 Employer (optional)	
Date 10-19-02	Full name of contributor Richard A. Martinez <input type="checkbox"/> out of state PAC Contributor address: City: State: Zip Code 5002 Westgate Boulevard, Apt. 102 Austin, TX 78745	Amount of contribution (\$) 10.00	In-kind contribution description(if applicable)
Principal occupation		Employer (optional)	
Date 10-18-20	Full name of contributor Mary Besa <input type="checkbox"/> out of state PAC Contributor address: City: State: Zip Code 4808 Creek Bend Drive Austin, TX 78744	Amount of contribution (\$) 25.00	In-kind contribution description(if applicable)
Principal occupation		Employer (optional)	
Date 10-18-02	Full name of contributor David Carroll <input type="checkbox"/> out of state PAC Contributor address: City: State: Zip Code 3008 Sesbania Drive Austin, TX 78748	Amount of contribution (\$) 25.00	In-kind contribution description(if applicable)
Principal occupation engineer		Employer (optional)	
Date 10-18-02	Full name of contributor Alicia Perez <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 25.00	In-kind contribution description(if applicable)

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 5 of 5	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
5 of 5

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-18-02

5 Full name of contributor

Michelle Brinkman

☐ out of state PAC

7 Amount of
contribution (\$)

\$ 25.00

8 In-kind contribution
description(if applicable)

6 Contributor address: City: State: Zip Code
740-7 Brookhollow Drive
Austin, TX 78752

9 Principal occupation
county employee

10 Employer (optional)

Date

10-18-02

Full name of contributor

Amalia Rodriguez-Mendoza

☐ out of state PAC

Amount of
contribution (\$)

25.00

In-kind contribution
description(if applicable)

Contributor address: City: State: Zip Code

2710 Addison Avenue
Austin, TX 78757

Principal occupation
county employee

Employer (optional)

Date

10-19-02

Full name of contributor

Gabriel Gutierrez, Jr., P. C.

☐ out of state PAC

Amount of
contribution (\$)

100.00

In-kind contribution
description(if applicable)

Contributor address: City: State: Zip Code

61 Noth IH 35
Austin, TX 78702

Principal occupation
attorney

Employer (optional)

Date

10-24-02

Full name of contributor

BMcPAC

☐ out of state PAC

Amount of
contribution (\$)

500.00

In-kind contribution
description(if applicable)

Contributor address: City: State: Zip Code

111 Congress, Suite 1400
Austin, TX 78701

Principal occupation
attorneys

Employer (optional)

Date

Full name of contributor

☐ out of state PAC

Amount of
contribution (\$)

In-kind contribution
description(if applicable)

Contributor address: City: State: Zip Code

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:
1 of 1

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor

☐ out of state PAC8 Amount of
pledge (\$)9 In-kind description
(if applicable)

7 Pledgor address; City; State; Zip Code

None.

10 Principal occupation

11 Employer (optional)

Date

Full name of pledgor

☐ out of state PACAmount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of pledgor

☐ out of state PACAmount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of pledgor

☐ out of state PACAmount of
pledge (\$)In-kind description
(if applicable)Pledgor address; City; State; Zip
Code

Principal occupation

Employer (optional)

Date

Full name of pledgor

☐ out of state PACAmount of
pledge (\$)In-kind description
(if applicable)Pledgor address; City; State; Zip
Code

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Effective 09/01/1997)



LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan**7** Name of lender☐ out of state PAC**9** Loan Amount (\$)**6** Is lender a
financial institution?

Y N

8 Lender address; City; State; Zip Code

None.

10 Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR
INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address; City; State; Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out of state PAC

Loan Amount (\$)

Is lender a
financial institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
1 of 3**2** FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)**4** Date

9-27-01

5 Payee name

Market Media Communications

7 Amount
(\$)

\$ 350.00

6 Payee address; City; State; Zip Code719 Mariner
Austin, TX 78734**8** Purpose of expenditure

Training Development

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Margaret J. Gomez, Co. Comm., Pct. 4

Date

10-1-02

Payee name

Texas Environmental Democrats

Amount
(\$)

50.00

Payee address; City; State; Zip Code

1908 Barton Pkwy
Austin, TX 78704

Purpose of expenditure

Donation

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Margaret J. Gomez, Co. Comm., Pct. 4

Date

10-01-02

Payee name

Seton Cove

Amount
(\$)

90.00

Payee address; City; State; Zip Code

3708 Crawford
Austin, TX 78731

Purpose of expenditure

Lecture and Training

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Margaret J. Gomez, Co. Comm., Pct. 4

Date

10/05-02

Payee name

Ann. Kitchern Campaign

Amount
(\$)

100.00

Payee address; City; State; Zip Code

P. O. Box 3253
Austin, TX 78764

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2 of 3
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission filers)
4 Date 10-10-02	5 Payee name Market Media Communications..... 6 Payee address; City; State; Zip Code 719 Mariner Austin, TX 78734	7 Amount (\$) \$ 235.00
8 Purpose of expenditure Training Development		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Margaret J. Gomez, Co. Comm., Pct. 4 Office sought / held
Date 10-11-02	Payee name Joe Vela Payee address; City; State; Zip Code 5305 Summer Drive Austin, TX 78741	Amount (\$) 66.03
Purpose of expenditure Reimbursement for printing of flyers		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Margaret J. Gomez, Co. Comm., Pct. 4 Office sought / held
Date 10-15-02	Payee name NALEO Payee address; City; State; Zip Code 500 Citádel Drive, Suite 120 Los Angeles, CA 90040	Amount (\$) 50.00
Purpose of expenditure dues		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Margaret J. Gomez, Co. Comm., Pct. 4 Office sought / held
Date 10-17-02	Payee name RBH Direct Payee address; City; State; Zip Code 1602 Glencrest Drive Austin, TX 78723	Amount (\$) 676.57
Purpose of expenditure 500 Yard Signs		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Margaret J. Gomez, Co. Comm., Pct. 4 Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3 of 3
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission filers)
4 Date 10-19-02	5 Payee name Exxon 6 Payee address; City; State; Zip Code P. O. Box 4555 Carolstream, IL 60197-4555	7 Amount (\$) \$ 44.21
8 Purpose of expenditure Gas for campaigning		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Margaret J. Gomez, Co. Comm., Pct. 4
Date 10-25-02	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P. O. Box 40671 Austin, TX 78704	Amount (\$) 1,000.00
Purpose of expenditure Contribution for Combined Campaign		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Margaret J. Gomez, Co. Comm., Pct. 4
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1 of 1

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**8**Amount
(\$)**6** Payee address; City; State; Zip Code**7** Purpose of expenditure

None.

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

☐ Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:
1 of 1**2 FILER NAME**

Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Business name**7** Amount
(\$)**6** Business address; City; State; Zip Code

None.

8 Purpose of payment**9** -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:
1 of 1**2** FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code None.	7 Purpose of expenditure	8 Amount (\$)
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Citizens for Gomez

4 Date**5** Payor name**8**Amount
(\$)**6** Payor address; City; State; Zip Code

None.

7 Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED